

Foster Family Home - Corrective Action Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

1586 Moani Street

Honolulu

HI 96819

Review ID: 1-562571-8

Reviewer: David Ayling

Begin Date: 3/25/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/25/21.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #1. Expired on 6/1/2018. No current APS/CAN for CG #3. Expired on 4/11/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1. Expired on 1/8/2021.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #4 did not lead a fire drill during the year of 2020.

Foster Family Home Medication and Nutrition [11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - No RN delegations administered to CG #4 for client #1.

David A Ayling RN
Compliance Manager

3/24/2021
Date

[Signature]
Primary Care Giver

3/24/21
Date